

EXPRESS MAIL LABEL NO. EV 333 998 450 US

AMENDMENT UNDER

37 C.F.R. §1.116

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Assistant Commissioner for Patents

Washington, D.C. 20231

Attorney Docket
Confirmation No.FLOW-011
5879

First Named Inventor

GANAN-CALVO, ALFONSO

Application Number

09/802,479

Filing Date

March 9, 2001

Group Art Unit

1731

Examiner Name

HOFFMAN, JOHN M.

Title

METHODS FOR PRODUCING
OPTICAL FIBER BY
FOCUSING HIGH VISCOSITY
LIQUID

Sir:

In response to the Final Office Action dated October 23, 2003 and the Advisory Action dated December 29, 2003 please amend the application as shown below.

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01-15-04
image

AF



Please type a plus sign (+) inside this box →

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/802,479
		Filing Date	March 9, 2001
		First Named Inventor	GANAN-CALVO, ALFONSO
		Group Art Unit	1731
		Examiner Name	HOFFMAN, JOHN M.
Total Number of Pages in This Submission	<<TEXT>>	Attorney Docket Number	FLOW-011
ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): postcard	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CD(s) <<TEXT>>		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application			
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	KARL BOZICEVIC, Reg. No. 28,807		
Signature			
Date	January 13, 2004		

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